

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 43
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stellar Health Properties LLC

Mailing Address 1301 NE 104th Street

City	State	Zip Code
Miami Shores	FL	33138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2016

Transaction ID : C3249642

Amount of Each Receipt this Period

500.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

B. Dion Sena

Mailing Address 1301 NE 104th Street

City	State	Zip Code
Miami Shores	FL	33138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Stellar Health Properties LLC

Managing Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2016

Transaction ID : C3249643

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

c. Wintonbury Care Center, LLC

Mailing Address 341 Bidwell St

City	State	Zip Code
Manchester	CT	06040-6470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2016

Transaction ID : C3249822

Amount of Each Receipt this Period

250.00

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00